O HAL	B Moderal	u: he Panenyork	Reduction Act of 1995, no perso		mark Offic	ce; U.S. DE	n 10/31/2002. OMB 0651-0031 PARTMENT OF COMMERCE is a valid OMB control number.	
TENT 5	_T PEŤÍT			TIME UNDER 37 CFR 1.136(•	Docket	Number (Optional) P019	
	In re Application of A.K. Gunnar Aberg							
				Application Number 09/895,463	141 11	Filed 6/29/01		
				For Tolterodine Metabolites				
				Group Art Unit 1614		Examiner Jones, Dwayne		
	This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.							
:		The requested extension and appropriate non-small-entity fee are as follows (check time period desired):						
		X One	month (37 CFR 1.17(a	n)(1))			\$ <u>110.00</u>	
	Two months (37 CFR 1.17(a)(2))						\$	
	Three months (37 CFR 1.17(a)(3))						\$	
	Four months (37 CFR 1.17(a)(4))						\$	
	Five months (37 CFR 1.17(a)(5)) Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$55.00							
			n the amount of the fee					
		Payment by credit card. Form PTO-2038 is attached.						
	The Commissioner has already been authorized to charge fees in this application to a Deposit Account.							
÷	The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number $\frac{14-0930}{1}$. I have enclosed a duplicate copy of this sheet.							
	l am	n the 🔲	applicant/inventor					
			Statement under 3	ne entire interest. See 37 CFR 3.71. 7 CFR 3.73(b) is enclosed. (Form P	TO/SB/	/96).		
	attorney or agent of record.							
			attorney or agent under Registration number if	er 37 CFR 1.34(a). acting under 37 CFR 1.34(a)	-			
	WARNING: Information on this form may become public. Credit card information should be included on this form. Provide credit card information and authorization on PTO-2038							
		Jan. 6	, 2004	Mil	2			
			Date		Signatu	ıre		
	4 ZJUHAR1	00000075		<u>Kevin S. L</u>	emack	, Reg.	No. 32,579	
01 FC:225	1		55.00 OP	. ت	Typed o	or printe	d name	
		NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
	☐ Total	l of	forms are submitte	ed.				
'	Burden Hour	Statement: T	his form is estimated to take 0.1	hours to complete. Time will vary depending upon	the need	s of the ind	lividual case. Any comments Of	